දුරකටුන නොහොරිධණ Telephone) 0112669192 , 0112675011) 0112698507 , 0112694033) 0112675449 , 0112675280		මගේඅංකය எனது இல My No) MA/MS/E/06/2019
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විද්යුත් තැපැල)postmaster@health.gov.lk		Your No. :)
மின்னஞ்சல் முகவரி)			
e-mail)	සුවසිරිපාය	දිනය	
වෙබ්අඩවිය) www.health.gov.lk	சுவசிரிபாய	திகதி	.08.2019
இணையத்தளம்)	CHWACIDIDAWA	Date)
website)	SUWASIRIPAYA		

සෞඛය, පෝෂණ සහ දේශිය වෛදය අමාතසාංශය சுகாதார,போசணைமற்றும் சுதேசவைத்தியஅமைச்சு Ministry of Health, Nutrition& Indigenous Medicine

Provincial/ Regional Directors of Health Service Directors of Hospitals and Medical Superintendents Directors of Programmes and Decentralized units Director Medical Officers of Divisional Hospitals Heads of institutions concerned All Grade Medical Officers

Post of 15 Medical Officers to the Department of Anaesthesia - Kandy TH

Applications are called from Grade Medical Officers with a minimum service period of 3 years for the Department of Anaesthesia at Teaching Hospital, Kandy.

Priority will be given for Grade Medical Officers who have more than one year post intern experience on Anaesthesia/ICU.

Applications should be made on the specimen form appearing in the advertisement and should be addressed to the following to reach on or before .30.../...08...../2019 through the respective Heads of Institution/ Head of Special Campaign/Decentralized Unit

Director (Medical Services) Ministry Of Health, Nutrition and Indigenous Medicine Suwasiripaya - Colombo 10.

Selection is based on Grade Seniority. Kindly note that those who are already on transfer orders are not eligible to apply for this post.

Under no circumstances the officers will be released from the above post during the stipulated period other than for PGIM training

Wasantha Perera
Secretary
Ministry of Health, Nutrition & Indigenous Medicine
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.

SPECIMEN APPLICATION FORM

POSTS OF MEDICAL OFFICERS TO Department of Aneasthesia – Kandy TH

01.	(a) Name of applicant	t :			•••••			•••••	
	(b) Designation & da	te of appointment to the prese	ent post	:			•••••	•••••	
						•••••			
	(c) Present station: -						•••••		
	(d) Permanent Addre	ss & Contact No:			•••••	•••••			
			•••••	• • • • • • • • • • • • • • • • • • • •		•••••	•••••	•••••	
02. D	ate of post intern appoir	ntment:		•••••	•••••	•••••	•••••	•••	
03.	(a) Present Grade:			•••••		•••••			
	(b) Date of appointm	ent to present grade:							
	of the confirmation lette	o the Grade II or I, please sub er along with your application) held with period :-(Include Sta)					nd	
	Appointments	Posts & Stations		Period					
			dd	From mm	уу	dd	To mm	yy	
			-						
05. W	*	fer order, Yes /No – If yes stat							
06. S _I						•••••			
		of Postgraduate qualification ertified copy of the certificate						ıl	
07.	I certify that the above	e particulars are given by me	is true a	and co	rrect.	•			
Date:				Signa	ture (of Ap	 plican	 t	

Recommended / Not Recommended. I certify that the particulars given at 01 to 06 in the application are correct.						
Date:	Signature of Head of Institution					
Recommendation of the Head of Decentralized Unit						
Recommended / Not recommended. I certify that the given at 01to 06 in the application ar	e correct.					
Date:						
	Signature of Head of Decentralized Unit					

Recommendation of the Head of Institution